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Application No. (if known): 09/666,813

Attorney Docket No.: M0459.70018US00

Certificate of Mailing under 37 CFR 1.8

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on December 26, 2006
Date

Signature

Judy Daley

Typed or printed name of person signing Certificate

46,190
Registration Number, if applicable

(617) 646-8288
Telephone Number

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Fee Transmittal

Three Month Request for Extension of Time Under 37 CFR 1.136(a)

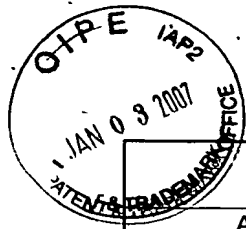
Amendment in Response to Non-Final Office Action

Amendment Transmittal

IDS (Citation) by Applicant (32 References)

Information Disclosure Statement

Check in the amount of \$1,200.00

**AMENDMENT TRANSMITTAL LETTER**Docket No.
M0459.70018US00Application No.
09/666,813-Conf. #9117Filing Date
September 21, 2000Examiner
C. A. JuskaArt Unit
1771

Applicant(s): Kevin R. Crompton

Invention: REALISTICALLY TEXTURED PRINTED FLOCKED FABRICS AND METHODS FOR MAKING THE FABRICS

TO THE COMMISSIONER FOR PATENTS

Transmitted herewith is an amendment in the above-identified application.

The fee has been calculated and is transmitted as shown below.

CLAIMS AS AMENDED					
	Claims Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims Present	Rate	
Total Claims	17	- 57 =		x	
Independent Claims	3	- 9 =		x	
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					
Other fee (please specify): Extension for response within third month; Submission of an Information Disclosure Statement					1,200.00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:					1,200.00

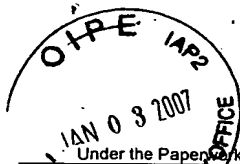
☒ Large Entity☐ Small Entity☐ No additional fee is required for this amendment.☐ Please charge Deposit Account No. 23/2825 in the amount of \$ _____.
A duplicate copy of this sheet is enclosed.☒ A check in the amount of \$ 1,200.00 to cover the filing fee is enclosed.☐ Payment by credit card. Form PTO-2038 is attached.☒ The Director is hereby authorized to charge and credit Deposit Account No. 23/2825 as described below. A duplicate copy of this sheet is enclosed.☒ Credit any overpayment.☒ Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17.

Michael J. Pomishnek

Michael J. Pomishnek
Attorney/Agent Reg. No.: 46,190

Dated: December 26, 2006

WOLF, GREENFIELD & SACKS, P.C.
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IPW 1771/15

PTO/SB/17 (07-06)

Approved for use through 01/31/2007. OMB 6551-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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FEE TRANSMITTAL For FY 2005 <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Complete if Known	
		Application Number	09/666,813-Conf. #9117
		Filing Date	September 21, 2000
		First Named Inventor	Kevin R. Crompton
		Examiner Name	C. A. Juska
		Art Unit	1771
TOTAL AMOUNT OF PAYMENT		(\$)	1,200.00
		Attorney Docket No.	M0459.70018US00

METHOD OF PAYMENT (check all that apply)

☒ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): _____

☐ Deposit Account Deposit Account Number: 23/2825 Deposit Account Name: Wolf, Greenfield & Sacks, P.C.

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☐ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee

☒ Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17 ☒ Credit any overpayments

FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 (including Reissues)	50	25
Each independent claim over 3 (including Reissues)	200	100
Multiple dependent claims	360	180

Total Claims **Extra Claims** **Fee (\$)** **Fee Paid (\$)** **Multiple Dependent Claims**

17 - 57 = _____ x _____ = _____ **Fee (\$)** **Fee Paid (\$)**

HP = highest number of total claims paid for, if greater than 20.

Indep. Claims **Extra Claims** **Fee (\$)** **Fee Paid (\$)**

3 - 9 = _____ x _____ = _____

HP = highest number of independent claims paid for, if greater than 3.

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
_____	_____	_____ / 50 (round up to a whole number) x _____ = _____	_____	_____

4. OTHER FEE(S)

	Fees Paid (\$)
Non-English Specification, \$130 fee (no small entity discount)	
Other (e.g., late filing surcharge): 1253 Extension for response within third month	1,020.00
1806 Submission of an Information Disclosure Statement	180.00

SUBMITTED BY			
Signature	<i>Michael J. Pomianek</i>	Registration No. (Attorney/Agent)	46,190
Name (Print/Type)	Michael J. Pomianek	Telephone	(617) 646-8000
		Date	December 26, 2006